

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/01/2009 **and ending** 06/30/2009

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Midwest Enterprise Group **Employer identification number** 26 - 0697178

2 Mailing address (P.O. box or number, street, and room or suite number)
PO Box 6193

City or town, state, and ZIP code
Des Moines, IA 50309

3 E-mail address of organization: mpadvantage@hotmail.com **4 Date organization was formed:** 08/01/2007

5a Name of custodian of records Melissa Peterson **5b Custodian's address** 4514 Urbandale Avenue
Des Moines, IA 50310

6a Name of contact person Melissa Peterson **6b Contact person's address** 4514 Urbandale Avenue
Des Moines, IA 50310

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
PO Box 6193
City or town, state, and ZIP code
Des Moines, IA 50309

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
☐ Second quarterly report (due by July 15)
☐ Third quarterly report (due by October 15)
☐ Year-end report (due by January 31)
☒ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 27025

10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 15058

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Melissa Peterson

07/31/2009

**Sign
Here**

Signature of authorized official

Date

Schedule A Itemized Contributions

Schedule A

Contributor's name, mailing address and ZIP code

Patterson Law Firm
505 5th Avenue Ste. 729
Des Moines, IA 50309

Name of contributor's employer

N/A

Contributor's occupation

N/A

Aggregate contributions year-to-date

\$ 25

Amount of contribution

\$ 25

Date of contribution

01/09/2009

Contributor's name, mailing address and ZIP code

Iowa Health System
1200 Pleasant Street
Des Moines, IA 50309

Name of contributor's employer

N/A

Contributor's occupation

N/A

Aggregate contributions year-to-date

\$ 25000

Amount of contribution

\$ 25000

Date of contribution

02/02/2009

Contributor's name, mailing address and ZIP code

Iowa Insurance Institute
6785 Westown Parkway
West Des Moines, IA 50266

Name of contributor's employer

N/A

Contributor's occupation

N/A

Aggregate contributions year-to-date

\$ 2000

Amount of contribution

\$ 2000

Date of contribution

06/15/2009

Schedule B **Itemized Expenditures**

Schedule B

Recipient's name, mailing address and ZIP codeMP Advantage, Inc.
4514 Urbandale Avenue
Des Moines, IA 50309**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 5000
Date of expenditure
01/02/2009**Purpose of expenditure**

Consultant Services

Recipient's name, mailing address and ZIP codeMP Advantage, Inc.
4514 Urbandale Avenue
Des Moines, IA 50310**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 2000
Date of expenditure
02/02/2009**Purpose of expenditure**

Consultant Services

Recipient's name, mailing address and ZIP codeMP Advantage, Inc.
4514 Urbandale Avenue
Des Moines, IA 50309**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 2000
Date of expenditure
03/06/2009**Purpose of expenditure**

Consultant Services

Recipient's name, mailing address and ZIP codeMP Advantage, Inc.
4514 Urbandale Avenue
Des Moines, IA 50309**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 2000
Date of expenditure
04/01/2009**Purpose of expenditure**

Consultant Services

Recipient's name, mailing address and ZIP codeUnited States Postal Service
312 E. Walnut St. Ste. 120
Des Moines, IA 50309**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 58
Date of expenditure
04/06/2009**Purpose of expenditure**

Mailbox renewal fee

Recipient's name, mailing address and ZIP codeMP Advantage, Inc.
4514 Urbandale Avenue
Des Moines, IA 50309**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 2000
Date of expenditure
05/04/2009**Purpose of expenditure**

Consultant Services

Recipient's name, mailing address and ZIP codeMP Advantage, Inc.
4514 Urbandale Avenue
Des Moines, IA 50309**Name of recipient's employer**N/A
Recipients's occupation
N/A**Amount of Expenditure**\$ 2000
Date of expenditure
06/01/2009**Purpose of expenditure**

Consultant Services